Performance

Report

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| Name of service: | Wannon Court Hostel |
| Service address: | 72-74 Pilleau Street COLERAINE VIC 3315 |
| Commission ID: | 3079 |
| Approved provider: | Western District Health Service |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 25 November 2022 |
| Performance report date: | 11 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Wannon Court Hostel (**the service**) has been prepared by D.Fekonja, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 19 December 2022 where they outlined they had no feedback.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers and their representatives were satisfied that the staff and management treated them with respect and dignity and that their culture and diversity were valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual choices and preferences. Care planning documents contained information about consumers’ past and present interests and preferences.

Consumers and their representatives were satisfied that the service provides care and services that are culturally safe. Staff explained and provided examples of how they support consumers’ individual needs. Consumers’ care planning documents included individualised requirements such as when the consumer prefers to have their daily care needs performed.

Consumers and their representatives were satisfied they could make and communicate decisions about care and services and make connections and maintain relationships of choice, including those made within the service. The service assisted 2 consumers to maintain their relationship and all details in relation to their needs are outlined in their care planning documents.

Consumers and their representatives were satisfied that the service supported consumers to do what they wanted, including where the activities involved risk, so they could live the best life possible. One consumer was supported to be a passenger on the service’s tri-bike and go into town and specifically to the coffee shop. Care planning documentation for the consumer includes a signed dignity of risk form for being a passenger on the tri-bike. The service has provided dignity of risk training to staff and there are dignity of risk policies in place.

Consumers and their representatives are satisfied that they are informed of lifestyle activities on offer and the consumers are reminded when the activity is occurring. Consumers and their representatives are satisfied that they have a choice in meals. The service distributes a monthly newsletter and ‘resident and representative’ meeting minutes to all consumers’ rooms and they are also emailed to them and their representatives and displayed throughout the service.

Staff demonstrated an understanding of the practice to support consumers’ privacy and maintain the confidentiality of information. Observation of staff practice shows that the privacy of consumers is respected including staff ensuring they knock before entering consumers’ rooms.

I am satisfied the service is compliant with this Quality Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Care planning documents provided evidence of a comprehensive suite of assessments and care plans to inform and support the delivery of safe and effective care in line with the consumers’ goals, needs and preferences. Risk assessments and management processes consider and mitigate identified risks through individual interventions. Clinical staff demonstrated knowledge of the assessment and care planning process and how risk is assessed and minimised in collaboration with consumers, to ensure safe and effective care. Consumers and their representatives were satisfied with the assessment and care planning process, and risks were considered to ensure safe and effective consumer care is provided.

Assessment and care planning documents reflect and address consumers’ needs, goals and preferences, including documentation of advance care plans. Staff demonstrated knowledge of consumers’ needs and were able to describe what was important to consumers about how their care is delivered.

Consumers and their representatives confirmed they are involved in care planning and are able to include others to provide care. Assessments and care plans demonstrate partnership with consumers and representatives in their initial development and subsequent reviews. Staff and management described the involvement of other organisations consumers wish to involve, such as the dietitian, speech pathologist, physiotherapist, occupational therapist, geriatrician, medical practitioner and dementia specialists.

Consumers and their representatives expressed satisfaction with the level of communication from staff regarding the care provided to consumers. Representatives confirmed that the service offers a copy of the care plan following the 3-monthly care plan consultation. Staff stated they have ready access to the consumer’s care plans. The care plan evaluation document reflects the assessment and care planning outcomes.

Consumers and their representatives said staff advise them of any changes to consumer needs or conditions and inform them when incidents occur as reflected in care planning documents reviewed by the Assessment Team. Staff demonstrated an understanding of the monitoring and review requirements following incidents or changes in consumer circumstances. The Assessment Team found that the documents and care files they sampled had been reviewed within the last 3 months.

I am satisfied the service is compliant with this Quality Standard.

Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:  is best practice; and  is tailored to their needs; and  optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:  standard and transmission based precautions to prevent and control infection; and  practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrated that the personal and clinical care planned for consumers is safe and effective. Consumers and their representatives stated that care is safe and that care strategies meet consumers’ individual needs and preferences. Personal and clinical care to consumers is tailored to their needs to optimise their health and well-being. One consumer’s pain management strategies were effective at ensuring they did not have pain.

Consumers subject to chemical restraint to manage responsive behaviours have documented consent, behaviour support plans are in place and there are regular reviews conducted by medical practitioners.

The service demonstrated effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer, such as challenging behaviours, diabetes management, falls, and complex needs management. Documentation viewed by the Assessment Team reflected that the service effectively managed high-impact and high-prevalence risks. Care documentation viewed in relation to diabetes management contained specific guidance for staff with regard to insulin administration and reflected principles of best practice. A falls risk assessment tool (FRAT) is completed for all consumers on entry, reviewed during the care plan review and updated as needs change, such as after a fall. The consumer’s representative and medical practitioner are notified when a fall occurs, and the consumer is referred to the physiotherapist or occupational therapist for post-fall review.

There were no consumers actively palliating at the time of the Site Audit. A review of the care documentation for a recently deceased consumer demonstrated that the consumer had their dignity preserved and that care was provided in accordance with their needs and preferences. Staff interviewed by the Assessment Team were able to provide a detailed recollection of care provided in line with the consumer or representatives’ preferences. Care documentation confirmed that staff responded in a timely manner, involved representatives regularly and consumers received effective palliative care with symptoms well controlled and the family provided emotional support. Care documentation included the use of external palliative care providers as required. The service has procedures and practices standards to inform staff practice in relation to ‘Palliative Care’, and ‘Clinical Deterioration.’

Five of 5 consumer care files reviewed by the Assessment team reflect a timely identification of and response to deterioration or changes in function, capacity and condition. Consumers and their representatives expressed satisfaction with how the service has responded to a change or deterioration in the consumer’s condition, health or ability. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and their representatives indicated that consumer needs and preferences are effectively communicated in a timely manner. Care documentation showed consumer conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms such as handover processes and were able to report on the needs and preferences of each consumer they cared for.

Consumers and their representatives said they have access to their medical practitioner, contracted allied health providers and external health organisations when required. Staff discussed the various referral options available dependent on the consumer’s care needs. Physiotherapists are available on-site 4 days a week and can respond to consumer needs as they arise. Clinical documentation identified timely and appropriate referrals to medical and other health professionals. Policies and procedures are in place to guide referral processes.

The service demonstrated satisfactory infection prevention and control processes, including a dedicated staff member assisting staff and visitors with the screening process. The service maintains infection prevention and control policies, including outbreak management plans for acute respiratory and gastroenteritis outbreaks.

The service has appointed an infection prevention and control lead who conducts daily spot checks of personal protective equipment (PPE) use and hand hygiene practices. Consumers provided positive feedback on the service’s process to ensure infection-related risks were minimised. Care documentation reflects where consumers have contracted an infection, clinical assessment, referral for medical review and pathology specimens are collected as ordered. Consumers who have been prescribed antimicrobial medications have documentation to ensure the full course is completed and the registered nurse and the medical practitioner attend the clinical review. Staff said training in PPE usage and hand hygiene spot checks are ongoing. Clinical staff demonstrated an understanding of how they minimise infection-related risks and understood the value of antimicrobial stewardship.

I am satisfied the service is compliant with this Quality Standard.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and their representatives stated and care planning documentation confirmed, consumers’ choices and preferences are respected and they are provided information, services, and the support needed to help them do things of interest. The activities program is designed in consultation with consumers and representatives.

Consumers and their representatives are satisfied that consumers’ emotional, spiritual, and psychological well-being is supported. Staff describe how consumers are supported emotionally, spiritually, and psychologically such as sitting and chatting with consumers and providing emotional support. Care planning documentation includes information on consumers’ emotional, spiritual, and psychological needs.

Consumers and their representatives are satisfied that the services and support enable them to participate in the community, have relationships and do things of interest to them. Staff describe how they support consumers to do the things important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on consumers’ interests and identified the people important to them. Consumers were given the opportunity to volunteer to assist with ‘meals on wheels’ delivery services to the community.

The service demonstrates that information about consumers’ needs and preferences is communicated within the organisation and with others where the responsibility for care is shared. Dietary restrictions and allergy information is recorded in the services menu management system and a folder in the main kitchen and kitchenette and clinical staff update the information regularly.

Management and staff described how they refer individuals to other organisations and providers of care and services in a timely and appropriate manner. For example, one consumer was referred to an occupational therapist for the assessment of their use of a motorised wheelchair.

Consumers and their representatives mostly expressed satisfaction with the quality and quantity of meals, which are prepared onsite. Staff were aware of individual consumers’ preferences and dietary requirements. Staff were observed to be respectfully assisting, encouraging, and offering choices with meals during the Site Audit. Consumers are involved in the menu planning process, and food is a regular discussion topic at the resident and relative meetings. The service said they will be forming a food focus group to improve the dining experience.

Consumers, representatives, and staff were satisfied that they had access to suitable and well-maintained equipment. The service also helped maintain equipment owned by the consumers such as one consumer’s motorised wheelchair. Equipment was observed by the Assessment team to be clean, well-maintained, and available to meet the needs of consumers.

I am satisfied the service is compliant with this Quality Standard.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and their representatives said they feel at home living at the service and can spend time in the communal areas provided when they wish. The service provides accommodation on one level and is connected to the collocated service via a secure corridor. The service’s living environment is spacious, with various living areas and the Assessment Team observed consumers engaging with each other, entertaining their visitors, and sitting outdoors in various courtyards throughout the visit. Signage within the service assists consumers in finding their way from their rooms to activities and meal areas.

Consumers and their representatives said the service is clean, well maintained and comfortable. Corridors and communal areas have handrails and adequate lighting to assist consumers with impaired mobility in easily moving throughout the service. Maintenance documentation demonstrates that an effective preventative and reactive maintenance system is in place. Consumers and representatives commented on how they can access outdoor areas when they wish. Internal areas of the service appeared clean and well-maintained, however, the Assessment Team observed that some outdoor furnishings appeared weathered and discoloured due to moss growth. Maintenance staff demonstrated how the reactive and preventative maintenance system alerts them to tasks due to be completed and discussed how the outdoor areas are scheduled for detailed cleaning. The maintenance staff stated that outdoor maintenance had been disrupted due to adverse weather conditions.

Maintenance staff described how equipment is asset labelled and checked regularly for safety and the Assessment Team noted that equipment such as nebulisers and lifting equipment was clean and reflected compliance test dates.

I am satisfied the service is compliant with this Quality Standard.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives said they felt comfortable providing feedback and making complaints. Information about the complaints process is provided upon entry to the service, at ‘resident and representative’ meetings and via newsletters. Staff described assisting consumers and their representatives in raising concerns. The Assessment Team noted that information regarding how to make a complaint is located throughout the service. Documentation, including ‘resident and representative’ meeting minutes and feedback systems, demonstrated that the service encourages and actions feedback.

Consumers and their representatives said they are aware of how to raise complaints. Staff were mostly able to describe how to refer consumers to advocacy services. The Assessment Team observed information displayed throughout the service regarding advocates and other methods of raising a complaint.

Consumers and their representatives who had provided feedback or raised a complaint were satisfied with the resolutions. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrated the service actions complaints in a timely manner. The Assessment Team reviewed complaints and feedback documentation that demonstrated appropriate action was taken and an open disclosure process was applied.

Consumers and their representatives were satisfied that their concerns had been addressed. Staff described how feedback and complaints result in improvements. For example, complaints data trends indicated that improvement in communication with residents and their families was needed. In response, the service employed a customer service officer resulting in improved communication and was evidenced as effective by compliments received in the point-of-care feedback.

I am satisfied the service is compliant with this Quality Standard.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and their representatives said there is sufficient staff to meet consumer needs and preferences. Rosters viewed by the Assessment Team, reflect that vacant shifts are filled through part-time staff and the supernumerary nurse unit manager and director of nursing who assists at times with clinical care. Management said they continue to ‘cap’ bed numbers to ensure sufficient staff are available to provide care. Registered and enrolled nurses are rostered to provide clinical care to consumers living in the service each morning shift. On afternoon and night duty shifts where registered or enrolled, nurses have not been rostered, nursing staff from the collocated service provide clinical care as needed.

Call bell response times are monitored, and weekly reports are generated. If call bells are not answered within 5 minutes, an alert is forwarded to senior management to ensure a timely call bell response. Call bell reports demonstrate an average call bell response time of less than 5 minutes for November 2022. All consumers and their representatives commented positively regarding how the staff are kind, caring, and respectful to them. The Assessment Team observed staff across all designations engaging with consumers gently and kindly and addressing consumers by their preferred names.

Consumers and their representatives expressed satisfaction regarding staff skills and knowledge. Management ensures all staff have the relevant qualifications appropriate to their role and responsibility before being appointed. Position descriptions contain minimum qualifications and skills expected for each role. Ongoing training supports all staff designations in maintaining and improving their knowledge to provide consumer care and services. Nursing staff described how they are checked annually for compliance with nursing registration requirements.

The organisation has processes to ensure appropriate staff are recruited and provided with orientation and ongoing training. The organisation’s human resources team supports and assists the service in employing and training staff. The service demonstrated that all staff are recruited based on the required skills and qualifications to fill the role. Formal orientation programs are in place with staff-provided ‘buddy’ or supernumerary shifts supported by face-to-face orientation to their roles and the organisational policies and procedures. Staff are required to complete mandatory training topics every year and all staff confirmed they had completed training on elder abuse, incident reporting, fire and emergency, and infection control/personal protective equipment use.

Management demonstrated that staff are provided with the opportunity to participate in staff appraisals and provided the Assessment Team with an appraisal schedule. Management told the Assessment team a new tool had been introduced that was tailored to each role within the service. The tool is said to make the appraisal meaningful and provides an opportunity for open discussions between the staff member and their supervisor completing the appraisal. Staff that have completed their appraisals have found the new template beneficial and easy to understand.

I am satisfied the service is compliant with this Quality Standard.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated that consumers and their representatives are supported to be engaged in developing, delivering, and evaluating care and services. The organisation has a community advisory committee that includes relatives of consumers as members.

Management discussed and described the overarching policies and procedures endorsed by the Board of management, which promotes a culture of safe, inclusive, and quality care and services. Management discussed how these policies promote a positive culture with accountability incorporated into them. There is a range of committees and sub-committees that oversee all care and services and monitor how services are provided with accountability embedded in each committee. Several committees have Board members as part of their structure, such as the ‘Aged Care Governance workgroup.’

The organisation has governance systems to oversee and guide information services, continuous improvement, financial governance, workforce governance, regulatory compliance, and manage feedback and complaints. Continuous improvements are identified, and actions taken are documented. The improvement plan is shared with the Board.

The service has risk management systems supported by clinical governance frameworks, policies and procedures which document reporting mechanisms and legislative requirements. High-impact or high-prevalence risks are identified through a review of data, incident reporting, industry alerts, and consumer assessments. There are policies and procedures in place for identifying risks associated with clinical care needs and consumer choices.

The service has a clinical governance framework with documented policies and procedures to guide staff practice. The framework is embedded in policies and procedures and covers a range of principles including governance, leadership and culture, safety and quality improvement, safe environment, and clinical performance. Within these principles underlying actions and requirements are reflected, including open disclosure, minimisation of restraint, and antimicrobial stewardship. Antimicrobial use is discussed at the organisation’s ‘Drugs and Therapeutic Committee’ whose role is to monitor and review antibiotic use.

Incident reports viewed by the Assessment Team demonstrated that where things go wrong, the incident is discussed with the consumer or their representative, and the appropriate staff member or manager apologises and explains what has occurred and what measures are to be taken to prevent the incident from reoccurring.

I am satisfied the service is compliant with this Quality Standard.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)